



## Activities Industry Mutual Limited Proposal Form

Full name of Centre:	
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Address:			
Telephone no:		Post Code:	

Full business description:
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Website Address:	
And Email address	

Years in business:	
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Are you licensed by AALA:	Yes / No	Date of last inspection:	
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Please list the National Governing Bodies or Trade Associations to which you belong:	

Current Insurer		Renewal date	
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Current premium	£	Renewal premium	£
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### Insurance Requirements - PROPERTY AND EQUIPMENT

Buildings and or Tenants Improvements (Total reinstatement value of all buildings)	£
General Contents	£
Machinery Plant	£
Electronic Business Equipment	£
Stock of Wines, Spirits, Tobacco	£
Other Stock	£
Loss of Rent Receivable / Payable - Indemnity period 12 / 24 / 36 Months	£
Loss of Gross Revenue - Indemnity Period 12 / 24 / 36 Months	£
Book Debts	£
Loss of Liquor License	£
P A Assault	£10,000
Cash in transit / on premises during business hours	£
Cash in a safe (safe make and model Details )	£



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Cash On premises outside business hours not in a locked safe	£
Goods In Transit - limit any one vehicle	£
Frozen Food - limit any one freezer unit	£
Equipment	£

<p><b>Subsidence Extension</b> - Please answer these questions only if you require Insurers to consider the peril of Subsidence, Landslip or Heave. If you answer any questions in the affirmative please provide full details in the space provided at the end of this form.</p>	
What is the nature of the sub soil at the premises	
1. Have the properties on either side of the property suffered from this type of damage or are they showing any signs of suffering such damage?	Yes / No
2. Has the building suffered or showing any signs of having suffered such damage now or in the past?	Yes / No
3. Is the building insured or to be insured in the immediate vicinity of any river bank, railway embankment, cliff, quarry, mine or other underground working or on made up ground?	Yes / No
4. Are there any trees or shrubs more than 6 meters (20ft) in height within 30 meters (100ft) of the property?	Yes / No
5. To your knowledge is the vicinity of the property susceptible to this type of damage?	Yes / No
Do you occupy the whole of the premises? If NO please provide details.	
When were the premises built?	Are any parts of the building listed?
Yes / No	
Are the premises near to any river, stream, lake, waterway or other body of water - If YES please provide details.	
Yes / No	
Are the premises exposed to or do they have a history of Storm or Flood? If YES please provide details.	
Yes / No	
Are all parts of the premises constructed of Brick/Stone/Slate or Tile and in a good state of repair? If NO please provide details.	
Yes / No	
Do any part of the premises have a flat roof? If YES please provide approximate percentage of flat roof and construction.	
Yes / No	
Are the premises occupied overnight?	
Yes / No	
Are the premises open all year? If NO please provide details.	
Yes / No	
Are Fire Extinguishing Appliances installed?	
Yes / No	
Is a Fire Alarm Installed?	
Yes / No	



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Distance from nearest Fire Brigade?	Miles
Are all external windows protected with key operated window locks? If NO please provide details.	Yes / No
Are all external doors protected with 5 Lever Mortice Deadlocks? If NO please provide details.	Yes / No
Is there an Intruder Alarm?	Yes / No
If YES please highlight type of signalling 999 / Central Station / Bells Only.	Pleased delete as applicable
If Central Station, is the alarm connection via      Digital Communicator/Redcare/Paknet	Pleased delete as applicable

### Insurance Requirements - LIABILITY

Public / Products Liability	£ 1,000,000 / £ 2,000,000 / £5,000,000
Employers Liability	£ 10,000,000
Estimated number of Employees	
Wageroll	
Clerical / Managerial	£
Instructors	£
Catering	£
Maintenance	£
Others (please describe)	£
Self Employed	£
Turnover	
United Kingdom	£
Europe	£
Rest of the World	£
USA / Canada	£
Sub Contractors	£

To allow underwriters to better understand your business please provide an approximate breakdown of your turnover between the following categories.

Classroom / Educational	£
Adventurous Activities	£
Travel Organising	£
Approx. number of visitors - last year	Approx. number of visitors expected this year
If a residential centre - the maximum sleeping capacity	



## Activities Industry Mutual Limited Proposal Form

Please provide a full description of **all** the activities involved in your business:  
Please place a **/** against those activities that **you provide yourself** or place a **X** against those activities that you **sub contract** to outside providers.

*Canoeing / Kayaking - Sheltered water	*Climbing / Abseiling-Indoor Wall	Mountain Biking - Flat Terrain	
*Canoeing/Kayaking - up to grade 2	*Climbing / Abseiling-Outdoor Wall	Mountain Biking - All Terrain	
*Canoeing/Kayaking - above grade 2	*Climbing / Abseiling-Crag		
*Canoeing / Kayaking - Sea		Quad Bikes	
	Caving		
Improvised Rafting	Mine Exploration	Team Building / Initiative	
White Water Rafting	ConcreteTunnels		
		Environmental studies	
Sailing - Inland	Gorge Walking / Ghyll Scrambling	Classroom Training / Lectures	
Sailing - sea in sight of land	Sea Level Traversing		
	Coasteering	Management Training	
Windsurfing			
	*Hill Walking / Mountain Walking	Educational / Sightseeing Tours	
Powerboat training	Night Walking		
Water Skiing	Orienteering	Tour Operators / Organising	
Safety Powerboat			
	Rope Courses - High	Other Activities	
*Land Yachts / Blo-Karts	Rope Courses - Low	(please list and describe)	
Kite Buggies	Zip Wire(s)		
	Assault Course		
Archery			
Air Rifle Shooting	*Skiing - Dry Slope		
Clay Pigeon Shooting	*Skiing - Snow. Overseas		
Fencing	*Skiing - Snow. UK		
Horse Riding / Pony Trekking	Mountain Boarding		

\* Please delete as applicable

Please list by frequency the most popular activities you undertake.

Activity	Hours per week



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When returning this form please enclose a typical example of your daily / weekly activity timetables.

Do you run any instructional courses or provide any advice for other companies or individuals within the industry who are not directly employed by you - If "yes" please describe the type and approximately how many over the next 12 months on a separate sheet	Yes / No
Do you have written assessments of the risk involved by participants in your activities and the measures taken to minimise risk? Please enclose copies.	Yes / No
Do you undertake pre employment CRB or PVG checks on all employees?	Yes / No
Do you have a written child protection policy? Please enclose a copy.	Yes / No
In addition to your organised activities do you hire out any of your equipment to other users? <b>(If you have answered "Yes" please attach a copy of your Conditions of Hire).</b>	Yes / No
Do you hire out to, or operate on, premises licensed for the consumption of alcohol	Yes / No

### **Claims Declaration**

During the last five years have you had any loss, accident or claims made against you?

If yes, please provide full details below.

Date of Loss	Type of Loss	Amount paid or outstanding

### **General**

Has any Insurer declined or refused to accept a proposal from you?	Yes / No
Has any Insurer terminated, refused to renew or continue a Policy of Insurance held by you?	Yes / No
Has any Insurer imposed special terms to which this proposal relates?	Yes / No
Have you, or any of your Directors or Partners ever been the subject of Customs or Inland Revenue investigations, bankruptcy order, voluntary arrangement with creditors, director of an insolvent company or convicted of (or charged with but not yet tried) a criminal offence other than a motoring offence?	Yes / No



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I/We agree that if this insurance contract is completed, then I/We will immediately notify Underwriters if any details isolated by this questionnaire are changed, modified or altered.

The information provided in connection with this questionnaire, whether in my/own hand or not, is true and I/We have not withheld any material facts. I/We understand that non-disclosure or misrepresentation of material facts will entitle Underwriters to void the contract.

I/We understand that the signing of this questionnaire does not bind me/us to complete the insurance contract. However, I/We agree that should a contract of insurance be completed, then this questionnaire and the declaration made herein shall form an integral part towards the basis of contract.

I/We understand that any change in information must be notified immediately and no cover exists until underwriters have approved such change.

**Data Protection Act 1998.** It is understood by the Insured and/or the Insured Persons that any information provided to CTBS Insurance Solutions regarding the Insured and / or the Insured Person will be processed by CTBS Insurance Solutions, in compliance with the provisions of the Data Protection Act 1998, for the purpose of providing insurance and handling of claims, if any, which may necessitate providing such information to third parties.

**IMPORTANT:** It is your responsibility to provide complete and accurate information to insurers when you take out your insurance policy, throughout the life of your policy and when you renew your insurance. It is important that you ensure that all statements you make on proposal forms, claims forms and other documents are full and accurate.

Please note that if you fail to disclose any material information to your insurers this could invalidate your insurance cover and could mean that part or the entire claim may not be paid.

(A material fact is one which is likely to affect or influence acceptance or assessment of this proposal by Underwriters. If you are in any doubt as to what constitutes a material fact, you should consult your Broker.)

Signed		Dated		Position	
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**Activities Industry Mutual Limited, Units A & B The Winery, Lamberhurst Vineyard,  
Lamberhurst, Kent TN3 8ER**

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Additional Information

Question Number